DOCUMENT RESUME

ED 212 963 CG 015 757

AUTHOR	Crystal, Ralph M.; And Others
TITLE	Similar Benefits in Rehabilitation: A User's Guide for Counselors and Administrators. Volume 3: Directory, Checklist, and Reporting Systems.
INSTITUTION	Michigan Univ., Ann Arbor. Rehabilitation Research Institute.
SPONS AGENCY	Rehabilitation Services Administration (ED), Washington, D.C.; Virginia State Dept. of Rehabilitation Services, Richmond.
PUB DATE	Jun 81
NOTE	79p.; For related documents, see CG 015 755-58. Appendix A is of margianl legibility.
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Administrators; Agency Cooperation; Check Lists; Counselors; Federal State Relationship; *Program Evaluation; *Rehabilitation Programs; *Resource Materials; *Shared Services; *State Programs; Training Methods
IDENTIFIERS	*Similar Benefits (Rehabilitation)

ABSTRACT

This user's guide, the third of four training modules for similar benefits usage, is the result of a project of the University of Michigan Rehabilitation Research Institute in conjunction with the Virginia Department of Rehabilitative Services (DRS) model program evaluation unit to examine the issue of similar benefits in the state-federal rehabilitation program. The introduction reviews the goals and objectives of the similar benefits project and briefly describes each module. Preceding the text of the volume is a list of frequently asked questions about similar benefits presented in major topic areas. The third volume contains recommendations and usage examples for additions to the existing Virginia Similar Benefits Directory, a Similar Benefits Checklist, and a discussion of alternative approaches for similar benefits reporting systems. Two identification lists are also proposed for the Similar Benefits Directory to aid counselors using these materials. In addition, the appendix contains the Virginia DRS Similar Benefits Directory. (Author/NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED212963

The University of Michigan

REHABILITATION RESEARCH INSTITUTE

School of Education

Ann Arbor, Michigan 48109

(313) 763-4795

BEST COPY AVAILABLE

VOLUME III

Directory, Checklist, and Reporting Systems

SIMILAR BENEFITS IN REHABILITATION

A User's Guide for Counselors and Administrators

Prepared by:

Ralph M. Crystal, Project Director

Jan La Forge, Research Associate

Betty DeWolf, Administrative Assistant

Paulette Parsons, Secretary

Kathy McFarland, Secretary

CG 015757

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

D. K. Harrison

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Interpretations and opinions expressed in this publication do not necessarily represent the interpretations or opinions of the Virginia Department of Rehabilitative Services or the Rehabilitation Services Administration.

SIMILAR BENEFITS IN REHABILITATION

A User's Guide for Counselors and Administrators

VOLUME III
Directory, Checklist, and Reporting Systems

Conducted for:

Virginia Department of Rehabilitative Services

4901 Fitzhugh Ave., P.O. Box 11045

Richmond, Virginia 23230

Program Evaluation Section

Conducted by:

The University of Michigan

Rehabilitation Research Institute

School of Education

Ann Arbor, Michigan 48109

(313) 763-4795

CG 015757

June 1981

VOLUME III

TABLE OF CONTENTS

CONTENTS	PAGE
ACKNOWLEDGEMENTS	iv
PREFACE	v
INTRODUCTION	vi
FREQUENTLY ASKED QUESTIONS ABOUT SIMILAR BENEFITS	x
SIMILAR BENEFITS DIRECTORY, CHECKLIST, AND REPORTING SYSTEMS	1
Similar Benefit Directory Identification Lists	1
Similar Benefits Checklist	4
Reporting Systems	8
Summary	23
APPENDIX A	24
Virginia DRS Similar Benefits Directory	25
REFERENCES	43

ACKNOWLEDGEMENTS

Similar Benefits in Rehabilitation: A User's Guide for Counselors and Administrators was conducted for the Virginia Department of Rehabilitative Services (DRS) Program Evaluation Section. The project was part of the Virginia DRS's model evaluation effort sponsored by the program evaluation section of the Rehabilitation Services Administration (RSA). Appreciation is expressed to Bill Brownfield, Charles Weston, and Dale Hanks of the Virginia DRS for their technical leadership and guidance in the conduct of the project. The following DRS personnel were extremely valuable in providing insight and feedback: David Ziskind, Dennis Harrell, Charles Merritt, John Wade, Stephen Webster, and Bob Howe. The assistance of Rod Pelton, Francoise Hall, and James Taylor of RSA is acknowledged. The general assistance and support of The University of Michigan Rehabilitation Research Institute's research and related activities by Nathan Ed Acree, L. Deno Reed, and Richard Melia is also acknowledged.

PREFACE

The UM-RRI was established in 1976, with funding from the National Institute for Handicapped Research, in response to the mandate of the Rehabilitation Act of 1973 that programs and projects be evaluated in the state-federal program. The UM-RRI efforts are directed toward research and related activities to assist states in evaluating management practices and service delivery systems.

The UM-RRI has been working on several long and short range objectives in rehabilitation program evalution to:

1. Develop alternative conceptual models that may be used as a framework for comprehensive program evaluation in the state-federal rehabilitation program

2. Conduct research on existing program evaluation instruments to determine their feasibility for current use and to determine their need for additional development and validation

3. Identify, design, test, validate, demonstrate, and disseminate program evaluation instruments, techniques, and methodologies that are consistent with conceptual models for comprehensive program evaluation in rehabilitation

4. Develop criteria for designing, developing, testing, and validating new and existing program evaluation instruments, techniques, and methodologies that consider measurement of impact, effectiveness, effort, efficiency and output

This investigation into similar benefits in rehabilitation is viewed as part of the UM-RRI's mandate in program evaluation. Feedback about this report is invited.

Ann Arbor
June 1981

Ralph M. Crystal

INTRODUCTION

The purpose of this project, undertaken by The University of Michigan Rehabilitation Research Institute (UM-RRI), in conjunction with the Virginia Department of Rehabilitative Services (DRS) model program evaluation unit, was to examine the issue of similar benefits in the state-federal rehabilitation program. The intent of the project was to (a) identify issues related to similar benefits, (b) develop training materials to assist state rehabilitation agency personnel in the use of similar benefits, and (c) develop evaluation procedures to document the impact of similar benefits on the state rehabilitation agency.

The funding for this project was through the Virginia DRS model program evaluation/management information support unit. The project was supported through the task related to the building of new evaluation capacity which can be generalized to other states. The overall model unit project is sponsored by the Rehabilitation Services Administration (RSA). The Model Evaluation Units (MEU's) were initially funded in six states by RSA in October, 1981. The objectives for the MEU's were to (a) develop a program evaluation model in state rehabilitation agencies in which comprehensive program and policy systems are linked by appropriate evaluation data; (b) field test and evaluate the effectiveness of the revised federal program evaluation Standards and the Facilities Information System for state rehabilitation agency management; (c) build new evalaation capacity which can be generalized to other states; and (d) develop linkages for a within-state agency and between-state

agency network for communication, dissemination, and utilization of evaluation topics, with special emphasis on developing and testing within the Model Evaluation Units.

Similar Benefits Project

A major goal of similar benefits is to enable the state rehabilitation agency to maintain the quality and quantity of client services, in spite of financial fluctuations and uncertainties, by obtaining services from sources other than the state rehabilitation agency to meet, in whole or in part, the cost of client services. It is anticipated that through the utilization of similar benefits, additional clients will be served. The overall goal of this project was to develop a conceptual model for utilization of similar benefits within a state rehabilitation agency. The specific objectives of the project were:

1. To help insure that resources other than the state rehabilitation agency are utilized to meet the service needs of clients
2. To identify similar benefits resources and refine the existing similar benefits directory
3. To examine the nature of interagency linkages
4. To explore the development of a system for monitoring and tracking clients who are eligible and/or receiving similar benefits
5. To develop a training program for counselors and agency administrators in the use of similar benefits
6. To implement a similar benefits system in the state rehabilitation agency

7. To document through the program evaluation process the effectiveness and impact of the similar benefits program on clients, counselors, administrators, the community, and the rehabilitation agency

As the project progressed, issues were defined and the objectives of the project modified in light of the needs of the Virginia DRS in this area. As a result of the redefinition of issues, the final product (training materials for similar benefit usage) prepared by the UM-RRI has been incorporated into four modules. Each can be used separately or in conjunction with one another. The titles of each are:

Volume I: Background, History, and Issues

Volume II: Definitions, Policies, and Procedures

Volume III: Directory, Checklist, and Reporting Systems

Volume IV: Incentives for Counselors and Administrators

The following is a brief description of each of these sections:

Volume I: Background, History and Issues

This volume provides an introduction to the nature of similar benefits in the state-federal rehabilitation program. The background and legislative history of similar benefits are presented. Issues related to the use of similar benefits are described and discussed.

Volume II: Definition, Policies, and Procedures

A working definition of similar benefits is provided in this volume. Based on federal legislation, state mandates, and other information, policies and procedures relating to similar benefits are described.

Volume III: Directory, Checklist, and Reporting Systems

This volume contains directories, checklists, and reporting systems for use in the similar benefits program. Many of these have been revised

from existing Virginia DRS documents. Explanations for each, with usage examples, are provided.

Volume IV: Incentives for Counselors and Administrators

This final volume discusses utilization incentive issues. Procedures for evaluation and monitoring, along with the description of the role of counselors and administrators in the area of similar benefits are also presented.

FREQUENTLY ASKED QUESTIONS ABOUT SIMILAR BENEFITS

The following are questions frequently asked about similar benefits. The questions are presented in major topic areas. They are not listed according to any priority or degree of improtance. Volume and page numbers are provided for readers interested in further discussion on particular questions.

Usage and Policy Questions	Volume	Page
1. What is the definition of similar benefits?	II	1-4
2. What types of services and resources should be considered as similar benefits?		
3. Should the clients' financial ability to pay for part of their rehabilitation program count as a similar benefit?	II	2
4. Do different state interpretations of Federal guidelines for utilizing similar benefits prevent the development of consistent and standardized procedures concerning similar benefit documentation and evaluation?	II	3
Documentation and Data Collection Questions		
1. What are alternatives for reporting dollar cost figures of similar benefits?	II	4-5
	III	19

	Volume	Page
2. Should similar benefit data be collected on closed or active cases?	II	6-10
3. What types of similar benefit data are needed for documentation and evaluation?	II	5
4. What forms are necessary for documenting similar benefits?	II	6-10
5. What training do counselors need for similar benefit documentation?	II	6-10
6. How are state comparisons of similar benefit utilization possible with the lack of standardized documentation and data collection?	II	4-5
Monitoring and Procedures Questions		
1. What procedures are available for counselors to monitor clients that are eligible and/or receiving similar benefits?	III	1-7, 8-23
2. What are the alternatives for reporting dollar cost figures of similar benefits?	III	19
3. What procedures are currently used for evaluating similar benefit utilization?	I	33-45
State Agency Questions		
1. How are agency funds saved through similar benefit utilization used to serve additional clients?	I	31-33

	Volume	Page
2. What are the hidden costs in similar benefit utilization?	I	42-45
3. Does the amount of money saved in similar benefit utilization justify the amount of time spent pursuing similar benefits?	I	33-45
4. Will rehabilitation funds be reduced if similar benefit utilization is successful?	IV	3-8
Counselor Questions		
1. What are the effects of similar benefit utilization on caseload management?	I	30-31, 38-39
2. What is the counselor's role in similar benefit utilization?	I	28-33
3. Does similar benefit utilization result in loss of control or inadequate feedback on clients utilizing similar benefits?	I	38
4. How effective are speciality staff in identifying and monitoring clients eligible for similar benefits?	IV	7
Client Questions		
1. Are the quality of similar benefit services equal to the services provided by VR?	I	41
2. What are potential client reactions and feelings about working with multiple agencies?	I	41-42

	Volume	Page
3. What effect can similar benefit utilization have on clients achieving their rehabilitation goals?	I	41-42
Sponsor and Legislative Questions		
1. Who pays for services when two agencies have legislation to utilize the other agency's funds before their own?	I	43-44
2. What are legislative reactions to similar benefit utilization?	IV	8-9
Cooperative Agreement Questions		
1. What type of information is necessary for effective agreements?	I	44
2. What are the responsibilities of administrators and counselors in cooperative agreements?	I	44-45
3. What type of documentation and feedback is necessary for counselors concerning outcome of similar benefit?	I	37
4. What types of conflicts exist in policies and regulations between agencies?	I	44-45
Incentive Questions		
1. Does similar benefit utilization increase the number of clients served?	IV	1-9

	Volume	Page
2. Is similar benefit utilization a cost saving benefit?	IV	1-9
Disincentive Questions		
1. Does similar benefit utilization result in service and time delays?	IV	3-6
2. Does lack of feedback to counselors concerning similar benefits affect similar benefit utilization?	IV	3-6
3. Does dimilar benefit utilization result in excessive paperwork?	IV	3-6
4. Will the rehabilitation agency lose its identity as a result of similar benefit utilization?	IV	1-9

VOLUME III

SIMILAR BENEFITS

DIRECTORY, CHECKLIST, AND REPORTING SYSTEMS

This Volume of The University of Michigan Rehabilitation Research Institute's materials on similar benefits includes recommendations for additions to the existing Virginia Similar Benefits Directory, a Similar Benefits Checklist, and a discussion of alternative approaches for similar benefit reporting systems. Extra copies of all figures are contained at the end of this volume.

Similar Benefit Directory Identification Lists

For reference purposes, a copy of the Virginia DRS Similar Benefits Director (SBD) is in Appendix A of this Volume. The UM-RRI has developed two additional forms for use with the SBD. These are presented in this section. These forms were developed to help counselors identify similar benefits for which their clients may be eligible. The Similar Benefits Directory Identification Lists (SBDIL) facilitate the identification of potential similar benefits available to clients based on type of service (please refer to Figure 1) and by client eligibility (please refer to Figure 2). The SBDIL, for Type of Service, helps the counselor to identify potential similar benefit resources by category of rehabilitation

SIMILAR BENEFITS BY TYPE OF SERVICE

DIAGNOSIS & EVALUATION	GOODS & SERVICES	RESTORATION	MAINTENANCE	TRAINING	SERVICES TO FAMILY	POST-SECONDARY EDUCATION	OTHER
CETA pp.15-16	Title XX pp.4-5	Medicaid p.1	Insurance p.4	Insurance p.4	Title XX pp.4-5	Federal Educational Grant	Title XX pp. 4-5
SSDI p.16	Veterans Administration p.6	Medicare pp.1-2	Title XX pp.4-5	Title XX pp.4-5	Veterans Administration p.6	Basic Educational Opportunity Grant p.8	Veterans Administration p.6
SSI pp.16-17	Welfare p.8	Champus p.3	Veterans Administration p.6	Veterans Administration p.6	Welfare p.8	National Direct Student Loan p.8	Welfare p.8
	Local Mental Health Clinic p.14	Champva p.4	Welfare p.8	Workmen's Compensation p.7	CETA pp.15-16	Supplemental Educational Opportunity Grant p.9	Local Health Dept. Clinics p.15
		State-Local Hospitalization p.4	Local Mental Health Clinic p.14	Welfare p.8		College Work-Study Program p.9	CETA pp.15-16
		Hill-Burton Uncompensated Care p.4	SSDI p.16	National Association for Retarded Citizens (OJT) p.11		Guaranteed Student Loan Program p.9	SSDI p.16
		Insurance p.4	SSI pp.16-17	CETA pp.15-16		State/Educational Assistance Program	SSI pp.16-17
		Title XX pp.4-5				Tuition Assistance Grant & Loan Program p.10	Other p.15
		Veterans Administration p.6				College Scholarship Assistance Program p.10	Agency Cooperative Agreements, contracts, & Guidelines p.17
		Workmen's Compensation p.7				Local/Other Educational Grant p.10	
		Welfare p.8					
		Bureau of Crippled Children pp.11-14					
		Local Mental Health Clinic p.14					
		Local Health Dept. Clinics p.15					
		CETA pp.15-16					

Figure 1: Similar Benefits by Type of Service

SIMILAR BENEFITS BY CLIENT ELIGIBILITY

LOW INCOME	POST-SECONDARY STUDENTS	PEOPLE OVER 65	ARMED SERVICES	CHILDREN	EMPLOYMENT BENEFITS	GENERAL
Medicaid p.1	Federal Educational Grant	Medicare pp.1-2	Champus p.3	Medicaid p.1	Workmen's Compensation p.7	Insurance p.4
State-Local Hospitalization p.4	Basic Educational Opportunity Grant p.8	SSI pp.16-17	Champva p.4	Welfare p.8	SSDI p.16	Title XX pp.4-5
Hill-Burton Uncompensated Care P.4	National Direct Student Loan P.8		Veterans Administration p.6	Bureau of Crippled Children pp.11-14	SSI pp.11-14	Local Mental Health Clinic p.14
Title XX pp.4-5	Supplemental Educational Opportunity Grant p.9					Local Health Dept. Clinics p.15
Welfare P.8	College Work-Study Program p.9					Other p.15
National Assoc. for Retarded Citizens (OJT) p.11	Guaranteed Student Loan Program p.9					Agency Cooperative Agreements, Contracts and Guidelines p.17
Local Health Dept. Clinics p.15	State/Educational Assistance Program					
CETA pp.15-16	Tuition Assistance Grant and Loan Program p.10					
SSI pp.16-17	College Scholarship Assistance Program p.10					
	Local/Other Educational Grant p.10					

Figure 2: Similar Benefits by Client Eligibility

service. For example, a counselor who wants to know what similar benefit resources are available for training would look under that column. The potential similar benefit resources for training services include: Insurance, Title XX, Veterans Administration, Workers' Compensation, Welfare (Public Assistance), National Association for Retarded Citizens, and CETA. The page numbers listed refer to the page in the Similar Benefits Directory on which the similar benefit is described.

The SBDIL for Client Eligibility helps the counselor identify potential similar benefits by factors which may characterize different individuals. For example, a client with a low income may be eligible for services from Medicaid, state and local hospitalization, Hill-Burton Uncompensated Care, Title XX, Welfare, National Association for Retarded Citizens, local health department clinics, CETA, and Supplemental Security Income.

Similar Benefits Checklist

The Similar Benefits Checklist is a form developed by the UM-RRI for counselors to use at the time of intake or when the Individualized Written Rehabilitation Plan (IWRP) is completed. The purpose of this form is to enable counselors to quickly identify potential similar benefit resources for their clients. The Similar Benefits Checklist can be used in conjunction with the Similar Benefits Directory Identification Lists previously described.

The Checklist (please refer to Figure 3) is comprised of a list of rehabilitation services and potential similar benefit resources that provide a particular rehabilitation service. Thus, the similar benefits

Figure 3: Similar Benefits Checklist

VR SERVICE	Cota	SSDI	SSI	Veterans Administration	Local Mental Health Clinic	MEDICAID	MEDICARE	CHAMPUS	CHAMPVA	State-local Hospitalization	Hill-Burton Uncompensated Care	Insurance	Title XX	Workman's Compensation	Welfare	Bureau of Crippled Children	Local Health Dept. Clinics	National Assoc. for Retarded Citizens	Basic Educ. Opportunity Grant	National Direct Student Loan	Supplemental Educ. Opportunity Grant	College Work-Study Program	Guaranteed Student Loan Program	Tuition Assistance Grant & Loan Program	College Scholarship Assistance Program	Local/Other Educational Grant				
Diagnosis and Evaluation	○	○	○																											
Restoration	○			○	○	○	○	○	○	○	○	○	○	○	○	○	○													
Maintenance		○	○	○	○							○	○		○															
Training	○			○									○	○	○			○												
Goods and Services				○	○								○		○															
Services to Family Members	○			○									○		○															
Post-Secondary Education																			○	○	○	○	○	○	○	○				
Other	○	○	○	○									○		○		○													

available for Maintenance services are SSDI, SSI, Veterans Administration, local mental health clinics, insurance, Title XX, and Welfare. To use this checklist, counselors should either check or cross out the similar benefit resources they are going to pursue for their clients.

The following case history will provide an example as to how the checklist may be used.

John Doe, a 35-year-old man, married with three children, was in a car accident resulting in an above-the-knee amputation ten or eleven inches below the hip joint. He has not been able to be fitted with a prosthesis because of complications with the stump healing. He has been unemployed for the last year, and his family's resources have been drastically depleted. Previous employment as a steamfitter does not appear feasible for the client to return to because of ladder climbing, prolonged standing, and extensive walking (occasionally on rough surfaces) required on the job. The client has expressed an interest in accounting.

Based upon this case history, a counselor may decide the client is in need of the following services: vocational evaluation to determine the client's interest and skills in different occupational categories; physical restoration for fitting of the prosthesis; training, if needed for a new occupation; and maintenance services. The case history indicates that the client's income may be low enough for him to qualify for CETA or Welfare services. Since the major disability is the result of a car accident, the client may be eligible for services paid for by the insurance company. The client is a veteran which makes him eligible for Veterans Administration services. Please refer to Figure 4

Figure 4: Completed Similar Benefits Checklist

VR SERVICE	Cota	SSDI	SSI	Veterans Administration	Local Mental Health Clinic	MEDICAID	MEDICARE	CHAMPUS	CHAMPVA	State-local Hospitalization	Hill-Burton Uncompensated Care	Insurance	Title XX	Workmen's Compensation	Welfare	Bureau of Crippled Children	Local Health Dept. Clinics	National Assoc. for Retarded Citizens	Basic Educ. Opportunity Grant	National Direct Student Loan	Supplemental Educ. Opportunity Grant	College Work-Study Program	Guaranteed Student Loan Program	Tuition Assistance Grant & Loan Program	College Scholarship Assistance Program	Local/Other Educational Grant				
Diagnosis and Evaluation	⊗	○	○																											
Restoration	○			⊗	○	○	○	○	○	○	○	⊗	○	○	○	○	○													
Maintenance		○	○	⊗	○							⊗	○		⊗															
Training	⊗			○									○	○	○			○												
Goods and Services				○	○								○		○															
Services to Family Members	○			○									○		⊗															
Post-Secondary Education																			○	○	○	○	○	○	○	○				
Other	○	○	○	○									○		○		○													

for an example of how the Similar Benefits Checklist would look filled out for this individual.

Reporting Systems

The UM-RRI has prepared several reporting systems for documenting similar benefit utilization. The forms contained in this section can be used as internal management tools to indicate how effective the similar benefits program is in meeting established agency goals. For further elaboration on the importance of documenting similar benefit utilization, please refer to Similar Benefits in Rehabilitation, Volume IV: Incentives for Counselors and Administrators.

The UM-RRI is proposing the following revisions of the similar benefit reporting format in Virginia:

1. Revision of the Case Cost Report VR-97. The VR-97 is a monthly printout for providing information about funds authorized for services, funds cancelled, paid, or still outstanding. The VR-97 assists counselors in managing funds allotted to their caseload. The UM-RRI recommends that similar benefit information be added to the VR-97. This will enable counselors to monitor and track clients receiving similar benefits. Two options will be presented to collect the data for the VR-97 revision.

   The purpose for this recommendation is to provide counselors with monthly information concerning clients who are receiving similar benefit services, the type of service being

received, and the similar benefit agency or resource providing the service. This recommendation will provide counselors with a written record of similar benefits received and the amount of funds saved by similar benefit utilization. This information will be used in filling out the Similar Benefit Record RS-4e(2) at closure

2. Revision of the RS-4e(2) to report the actual dollar value of similar benefits, instead of the estimated dollar value. This will provide the VR agency with an accurate dollar amount of agency funds saved through similar benefit utilization. In addition, this approach provides a standardized base for comparison of monies saved through use of similar benefits.
3. Revision of the similar benefit report format to utilize the Individualized Written Rehabilitation Plan (IWRP) as the primary source for similar benefit data collection.

Case Cost Report VR-97

The VR-97 Case Cost Report (please refer to Figure 5), with a few modifications, can be used by counselors to monitor and track clients receiving similar benefit services. The client's name (column 1) and case number (column 2) would appear in the same position as they do now. The first change would be in the authorization number (column 3). Instead of an authorization number, the letters SB would identify that service as being obtained through a similar benefit agency. Vendor number and name (columns 4a and 4b) and service code (column 5) would remain the same. The date (column 6) is in the same position and should reflect the date that the similar benefit service goes into

RANDOLPH HALE — CASE COST REPORT - VR-97 — PAGE 1 — CASELOAD 001
MARTINSVILLE — MONTH OF DEC 79

1 CLIENT NAME	2 CASE NUMBER	3 AUTH NO	4a VENDOR NUMBER	4b NAME	5 SERV CODE	6 DATE	7 VOUCHER NUMBER	8 DESCRIPTION	9 AGENCY FUND	10 AMOUNT	11 S.B.
		0 021	54-0555800	MEMORIAL HOSPITAL O	261	10/24/79	AUTH	HOSP	1001	1,078.56	
								REMAINING BALANCE FOR AUTH NO 021 IS		1,078.56 *	
		051	54-1055732	CAMPBELL HERRING &	171	10/28/79	AUTH	CHEST XRAY	1001	7.50	
						12/05/79	120984	XRAY	1001	7.50-	
								REMAINING BALANCE FOR AUTH NO 051 IS		0.00 *	
		052	54-1055732	CAMPBELL HERRING &	171	10/29/79	AUTH	CHOLANGIOGRAPHY	1001	18.00	
						12/05/79	120984	CHOLANGIOGRAPHY	1001	18.00-	
								REMAINING BALANCE FOR AUTH NO 052 IS		0.00 *	
		0 011	54-0573079	PRICE & IROY MDS	111	12/12/79	AUTH	GEN MED	1001	22.00	
								REMAINING BALANCE FOR AUTH NO 011 IS		22.00 *	
		021	54-1120914	COMPTON SHANNON L *	131	12/12/79	AUTH	OPTOMETRICAL EVAL	1001	35.00	
								REMAINING BALANCE FOR AUTH NO 021 IS		35.00 *	
		031	54-1051026	BALDEMOR ANITA B. *	221	12/19/79	AUTH	PSYCHOTHERAPY	1001	600.00	
								REMAINING BALANCE FOR AUTH NO 031 IS		600.00 *	
		4 171	54-0486802	MCCAUSLAND ALEXANDE	231	10/01/79	AUTH	IMMUNOTHERAPY	1001	50.00	
						07/30/79	103468	IMMUNOATHERAPY	1001	10.00-	
						10/01/79	112707	IMMUNOTHERAPY	1001	10.00-	
						12/07/79		CANCELLATION	1001	30.00-	
								REMAINING BALANCE FOR AUTH NO 171 IS		0.00 *	
		191	54-0573079	PRICE & IROY MDS	231	09/18/79	AUTH	OFFICE VISIT	1001	22.00	
						11/19/79	118798	OFFICE VISIT	1001	22.00-	
								REMAINING BALANCE FOR AUTH NO 191 IS		0.00 *	
		1 011	54-0697135	ROBBINS WILLIAM L J	111	12/12/79	AUTH	GEN MED	1001	22.00	
								REMAINING BALANCE FOR AUTH NO 011 IS		22.00 *	
		0 009	999-203-000	WWRC	200	11/21/79	119260	807	1001	17.14	
						11/21/79	119260	807	1001	527.00-	
						11/21/79	119260	807	1001	407.50-	
		0 081	54-0892951	ASHBY B R **MD	221	10/03/79	AUTH	PSYCHOTHERAPY	1001	400.00	
						10/17/79	114675	PSYCHOTHERAPY	1001	40.00-	
						11/14/79	118056	PSYCHOTHERAPY	1001	40.00-	
								REMAINING BALANCE FOR AUTH NO 081 IS		320.00 *	
		091	888-012-002	REVCO DRUG CO	231	11/08/79	AUTH	BENADRYL	1001	12.20	
								REMAINING BALANCE FOR AUTH NO 091 IS		12.20 *	
		092	888-012-002	REVCO DRUG CO	231	11/08/79	AUTH	NORPRAMIN	1001	62.76	
								REMAINING BALANCE FOR AUTH NO 092 IS		62.76 *	

Jones, Frank S.226-82-4111-0 SB 265-267-399 Critz, JewelN. 511 11/23/79 Trans,666-301-000 Ceta $160

10

29

Figure 5: Revisions to Case Cost Report - VR-97

30

effect. Voucher number (column 7) remains the same. The description (column 8) should indicate the name of the service, the similar benefit agency program identification number, and the name of the similar benefit agency. Agency fund (column 9) would remain blank unless the VR agency is sharing the cost with the similar benefit resource. If the VR agency is sharing the cost, then column 9 would reflect the agency funds used to pay for the VR portion of the service. Amount (column 10) should only be used when the VR agency is sharing the cost with the similar benefit agency. The dollar amount of agency funds used to pay the VR portion of the service would be recorded in column 10. To report the dollar value of the similar benefit, a new column needs to be added. Column 11, Similar Benefit Amount, would report the amount of money the rehabilitation agency would have spent on that service. Thus, the dollar value reflects the amount of VR funds saved through similar benefit utilization. (See Figure 5 for an example of how the similar benefit information would look on the revised VR-97.)

The information for the Case Cost Report VR-97 is obtained on a monthly basis from authorizations, invoices, and cancellations. To obtain information concerning similar benefits, the UM-RRI proposes two options. The first option is the development of a new form to be completed by the counselor at the time the similar benefit is arranged. This form would be sent to the state VR office along with the authorizations, invoices, and cancellations (please refer to Figure 6). The section option is to modify the existing authorization form (RS-6) (please refer to Figure 7). The second option requires more training in order to be properly completed.

Report of Similar Benefits

Case Number_____ Date_____

Similar Benefit Resource

Program Identification Number_____

_____
Name

_____
Address

_____
City

_____
Contact Person

will provide:

CLIENT	VENDOR
_____ Last Name First \ Initial	_____ Name
_____ Address: Street and Number	_____ Address
_____ City	_____ City
Caseload Number_____	Vendor Number_____

with the following services under the conditions set forth:

SERVICE	EFFECTIVE DATE	STATUS	CASE SERVICE CODE	COST OF SERVICE

Figure 6: Report of Similar Benefits

RS-6 (262-01-023)
(Rev 7-78 50M)

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF REHABILITATIVE SERVICES

AUTHORIZATION OF SERVICES

CASE NUMBER: _____ AUTHORIZATION NUMBER: _____ DATE _____ 19__

You are hereby authorized to furnish:

CLIENT	VENDOR
Last Name First Initial	Name
Address: Street & Number	Address
City	City
CASELOAD NUMBER: _____	VENDOR NUMBER: _____

the following services not in excess of the amounts or periods specified and under the conditions set forth:

SERVICE	Program Ident. #	EFF. DATE	STATUS	CASE SERVICE CODE	UNIT OR PAYMENT PERIOD	NO. OF UNITS OR PERIODS	UNIT OR PERIOD COST	TOTAL AUTHORIZED
								1
								2
								3
								4
								5
								6

How to be Paid: _____

Similar Benefit Resource Responsible for Payment _____

Conditions:

1. Payments for medical services listed above for clients who carry insurance with these benefits will be made only on the difference between benefits paid, if any, and the established fees or rates of this Department: a) Diagnostic; b) Hospitalization; c) Surgery; d) Anesthesia; e) Laboratory Fees (including pathology and X-rays).
2. There will be no charge to or acceptance of any payment from the client or his family for any service authorized by the Department unless the amount of such service charge or payment is previously known to and, where applicable, approved by the Department of Rehabilitative Services.
3. Services will be provided in accordance with the provisions of Title VI of the Civil Rights Act of 1964.

PLEASE SUBMIT BILLS WITHIN 30 DAYS

For the Department:

POSTED BY: _____ LOCAL OFFICE

_____ (ISSUING AUTHORITY)

POSTED BY: _____ STATE OFFICE

_____

VENDOR

Figure 7: Revised RS-6

OPTION 1 (Figure 6)

Instructions for completing the Report of Similar Benefit Form is as follows:

- Left top of form

  Case Number----------Record case number of client as shown on current VR-1 card.

  Similar Benefit Resource---Record full name and mailing address of agency or resource that is providing the funding and/or service for the client.

- Right top of form

  Date----------Record the date on which the similar benefit is arranged.

  Program Identification Number----------Record the similar benefit agency/ resource program identification number.

- Left middle of form

  Client----------Record name of client as shown on current VR-1 card.

  Address----------Record full mailing address of client.

  Caseload Number----------Enter the counselor's caseload number as it is on Master List, VR-99.

- Right middle of form

  Service----------Record the service being contracted, i.e., training, transportation, hospitalization, and maintenance.

  Effective Date----------Record the date on which the service is to begin.

  Status----------Record the status that the client will enter when the authorized service is provided. (This will not change the status of the client on the Master List.)

Case Service Code----------Record the appropriate code number for service to be provided.

Cost of Service----------Record the actual amount of funds the state agency would have spent if VR provided the service. (Please refer to Figure 8 for an example of a completed form. The information on the completed form corresponds to the example on the VR-97, Figure 5.)

OPTION 2 (Figure 7)

Instructions for completing a revised authorization of services (RS-6) are as follows:

- Left top of form

Case number----------Record case number of client as shown on current VR-1 card.

Client----------Record name of client as shown on current VR-1 card.

Address----------Record full mailing address of client.

Caseload Number----------Enter the counselor's caseload number as it is on the Master List, VR-99.

- Middle top of form

Authorization Number------Record SB to indicate this service is being provided by a similar benefit resource.

- Right top of form

Date----------Record the date on which the similar benefit is arranged.

Vendor----------Record full name and mailing address of individual, school, appliance company, or whomever is providing the service for the client.

Report of Similar Benefits

Case Number 215-82-4111-0

Date 10/30/79

Similar Benefit Resource

Program Identification Number 666-301-000

Ceta
Name

Main Street
Address

Any city, Virginia
City

Susan Atkins
Contact Person

will provide:

CLIENT	VENDOR
Jones Frank S. Last Name First Initial	Critz, Jewel N. Name
County Rd. Address: Street and Number	Downtown Rd. Address
Any City, Virginia City	Any City, Virginia City
Caseload Number 001	Vendor Number 265 267-399

with the following services under the conditions set forth:

SERVICE	EFFECTIVE DATE	STATUS	CASE SERVICE CODE	COST OF SERVICE
Transportation	11/23/79	18	511	$160

Figure 8: Completed Report of Similar Benefits

Vendor Number----------Record the vendor's number. This is the Federal Tax Identification or Social Security Number.

- Middle of Form

Service----------Record the service being contracted, i.e., training, transportation, hospitalization, and maintenance.

Program Identification----Record the similar benefit agency/ resource program identification number.

Effective Date----------Record the date on which the service is to begin.

Status----------Record the status that the client will enter when the authorized service is provided. (This will not change the status of the client on the Master List.)

Case Service Code---------Record the appropriate code number for the service to be provided.

Unit or Payment Period----Not applicable - leave blank.

No. of Units or Periods---Not applicable - leave blank.

Unit or Period Cost-------Not applicable - leave blank.

Total Authorized----------Record the actual amount of funds the state agency would have spent if VR provided the service.

How to be Paid----------Not applicable - leave blank.

Similar Benefit Resource Responsible for Payment---Record the name of the similar benefit agency/resource that is providing the service. (Please refer to Figure 9 for an example of a completed form. The information on the completed form corresponds to the example on the VR-97, Figure 5.)

RS-6 (262-01-023)
(Rev 7-78 50M)

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF REHABILITATIVE SERVICES

AUTHORIZATION OF SERVICES

CASE NUMBER: 216-83-4111-0 AUTHORIZATION NUMBER: SB DATE 10/30 19 79

You are hereby authorized to furnish:

CLIENT			VENDOR
Jones	Frank	S.	Critz, Jewel N.
Last Name	First	Initial	Name
County Rd.			Downtown Rd.
Address: Street & Number			Address
Any City, Virginia			Any City, Virginia
City			City

CASELOAD NUMBER: 001

VENDOR NUMBER: 265-267-399

the following services not in excess of the amounts or periods specified and under the conditions set forth:

SERVICE	Program Ident. #	EFF. DATE	STATUS	CASE SERVICE CODE	UNIT OR PAYMENT PERIOD	NO. OF UNITS OR PERIODS	UNIT OR PERIOD COST	TOTAL AUTHORIZED	
Transportation	666-301-000	11/23/79	18	511	-	-	-	$160	1
									2
									3
									4
									5
									6

How to be Paid:

Similar Benefit Resource Responsible for Payment Ceta

Conditions:

1. Payments for medical services listed above for clients who carry insurance with these benefits will be made only on the difference between benefits paid, if any, and the established fees or rates of this Department: a) Diagnostic; b) Hospitalization; c) Surgery; d) Anesthesia; e) Laboratory Fees (including pathology and X-rays).
2. There will be no charge to or acceptance of any payment from the client or his family for any service authorized by the Department unless the amount of such service charge or payment is previously known to and, where applicable, approved by the Department of Rehabilitative Services.
3. Services will be provided in accordance with the provisions of Title VI of the Civil Rights Act of 1964.

PLEASE SUBMIT BILLS WITHIN 30 DAYS

For the Department:

POSTED BY: _____ LOCAL OFFICE

(ISSUING AUTHORITY)

POSTED BY: _____ STATE OFFICE

VENDOR

Figure 9: Revised RS-6 (completed)

Similar Benefit Record - RS-4e(2)

The UM-RRI recommends revision of the VR-4e(2) to report the actual VR dollar value for each similar benefit. The purpose for using similar benefits is to save VR agency funds. Thus, reporting the actual cost of the similar benefit will provide an accurate dollar figure regarding the amount of money VR saved through similar benefit utilization.

The only recommended change to the RS-4e(2) form is the heading for reporting the dollar value of the similar benefit. (Please refer to Figure 10 for the suggested change.)

In filling out this form, counselors would report the actual dollar value that the agency would have spent if VR provided the service. If the VR agency has a range of cost for a specific service, or if the counselor is unable to determine the actual cost, the counselor could report an average VR dollar cost for the service. The agency could establish a scale to reflect costs for various services.

Individual Written Rehabilitation Plan

The Individualized Written Rehabilitation Plan (IWRP) contains the formalized program of services to be provided to the client. It is developed jointly by the counselor and the client. The IWRP includes information about the vocational goal and the justification of that goal; intermediate objectives with a time frame for this achievement; dates and methods to be used for evaluation; services to be provided (including the dates services are to be provided and the vendor(s) to be used); estimated cost of each service and sponsor of the cost; anticipated date for completion of the program; and arrangements made for coordination of effort between the counselor, sponsors, vendors, and other involved persons

RS-4e(2)
(Rev. 2/78)

VIRGINIA DEPARTMENT OF REHABILITATIVE SERVICES

SIMILAR BENEFIT RECORD

Case Number _____ Client Name _____

Caseload Number _____ Date _____

Program Identification Number	Service Program	Actual Dollar Value of Similar Benefit (In Excess of $100)
666-261-001	MEDICAID	$ _____
666-261-002	MEDICARE	_____
666-261-003	CHAMPUS	_____
666-261-004	CHAMPVA	_____
666-261-005	STATE/LOCAL HOSPITALIZATION	_____
666-261-006	HILL BURTON FUNDS	_____
666-261-007	INSURANCE	_____
666-511-000	TITLE XX	_____
666-106-000	VETERAN'S ADMINISTRATION	_____
666-191-000	INDUSTRIAL COMMISSION/INSURANCE CARRIER	_____
666-701-000	WELFARE	_____
666-787-000	FEDERAL EDUCATIONAL GRANT	_____
666-270-000	STATE EDUCATIONAL ASSISTANCE PROGRAM	_____
666-700-000	NATIONAL ASSOCIATION FOR RETARDED CITIZENS	_____
666-601-000	LOCAL HEALTH DEPARTMENT (Including Mental Health Centers & Chapter 10)	_____
666-143-000	BUREAU OF CRIPPLED CHILDREN	_____
666-700-001	LOCAL MENTAL HEALTH CLINICS	_____
666-600-000	OTHERS (Doctors, Clubs, Unions, Associations, etc.)	_____
666-301-000	COMPREHENSIVE EMPLOYMENT TRAINING ACT	_____
666-811-000	MEDICAL INFORMATION FROM SSI, SSDI	_____

TOTAL – $ _____

Figure 10: Similar Benefit Record

or agencies (please refer to Figure 11 for an example of an IWRP).

Amendments are made to the IWRP when a new service is scheduled, a previously scheduled service is deleted, or a current service is extneded. When a new service is added to the program, the service, vendor, initiation date, duration, sponsor, and cost are added to the IWRP (VR-5) following the last service entry. Two copies are made. One copy of the revised IWRP is sent to the state VR office and the other to the client. The reason for the addition of the service is recorded on the Continuation Sheet (VR-4-0). If a service not involving VR agency funds is deleted, the reason for the deletion is recorded on the Continuation Sheet (VR-4-0).

With minor modifications to the current data collection procudures, the IWRP can be used to provide an estimate figure of projected similar benefit usage. Two additional columns would be added to the second page of the IWRP (VR-5). The first column would be labeled Similar Benefits (SB) and would be checked by the counselor if a service is being provided by a similar benefit resource. The second additional column would be labeled Program Identification Number (PIN). This column would report the similar benefit agency/resource identification number. (Please refer to Figure 11 for an example of placement of the two additional columns.)

Similar benefit information would be collected at the same time the other parts of the IWRP are keypunched. Data on similar benefits, using the IWRP, would provide information about projected similar benefit utilization and demonstrate that the counselor has identified potential similar benefit resources. This would aid in case management. However, using the IWRP as the sole source of data concerning similar benefit utilization does have drawbacks. First, the IWRP would only record planned services

At any time that a service is not in accord with that which was agreed upon, you or your representative should contact the counselor immediately in order to resolve the difference.

Client name, address

Amendment Dates:

⌜			⌝	_____	_____		
				_____	_____		
				_____	_____		
				_____	_____		
⌞			⌟	_____	_____		
Specific Services	**Vendor**	**Duration From/To**	Termination Date	SB	Sponsor		Cost

Client's Views:

Client/Parent or Guardian's Signature _____ Date _____

Arrangements for Coordination _____

Counselor _____ Date _____ Caseload No. _____

Figure 11: Revised IWRP

from status 12 to case closure. All previous similar benefits obtained and used before status 12 would not be included. Second, the similar benefit data include only estimated figures, and many of those services may be provided some time after completion of the IWRP.

On the plus side, the information provided by the IWRP would only provide data concerning the major types of similar benefits considered and the estimated value of those services. As a case management supervisory and evaluation tool, these changes to the IWRP would serve several useful purposes.

Summary

This volume was devoted to recommendations to modify existing forms to reflect similar benefit utilization. Two identification lists were proposed for the Similar Benefits Directory. These should aid counselors using the directory. A checklist was presented to use with the identification lists. Revisions to the VR-97, RS-4e(2), and IWRP were also presented. The recommendations should facilitate documentation of similar benefit usage.

Appendix A

Virginia DRS Similar Benefits

Directory

SIMILAR BENEFITS DIRECTORY

PREPARED BY

THE VIRGINIA DEPARTMENT OF REHABILITATIVE SERVICES

SPECIAL PROJECTS DIVISION

REVISED: OCTOBER, 1979

This is a statewide directory of frequently used Similar Benefits which includes programs, general eligibility criteria, services, and the name of a contact person. The benefits (services) in this directory are comparable to those that are or can be offered by DRS.

The Department is mandated to use Similar Benefits from other resources prior to using RS funds. The Similar Benefits listed in this Directory are primarily offered on a statewide basis. It is not feasible for the Department to develop a directory of all Similar Benefits offered at the local level. However, please become aware of and use all local Similar Benefits that would support the clients' rehabilitation program.

The program eligibility criteria found in this directory are not all-inclusive. Many services have eligibility waivers, exceptions, and restrictions based on certain given conditions; and the counselor should contact the appropriate liaison person to discover those given conditions.

SIMILAR BENEFITS

INDEX

Program	Pages
Medicaid	1
Medicare	1
CHAMPUS	3
CHAMPVA	4
State-Local Hospitalization	4
Hill-Burton Uncompensated Care	4
Insurance--(1) Liability, (2) Home Owners and (3) Disability	4
Title XX	4
Veterans Administration	6
Industrial Commission	7
Welfare	8
Federal Educational Grant--(1) Basic Educational Opportunity Grant, (2)National Direct Student Loan, (3) Supplemental Educational Opportunity Grant, (4) College Work-Study Program and (5) Guaranteed Student Loan Program	8
State/Educational Assistance Program--(1) Tuition Assistance Grant and Loan Program, (2) College Scholarship Assistance Program and (3) Local/Other Educational Grant	10
National Association for Retarded Citizens (OJT)	11
Bureau of Crippled Children	11
Local Mental Health Clinic Including Mental Health Centers and Community Service Boards (Chapter 10)	14
Local Health Department Clinics	15
Other (Organizations, Associations, Unions, Clubs, Private and Public Agencies, Foundations, Fellowships, etc.)	15
Comprehensive Employment Training Act (CETA)	15
Social Security Disability Income (SSDI)	16
Social Security Income (SSI)	16
Agency Cooperative Agreements, Contracts and Guidelines	17

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
CHAMPUS	Adult *Child and/ or Spouse	1. Dependents of active duty uniformed service members, retired members, and their dependents and surviving dependents. * If individual lives within 40 air miles of military hospital, he must go to the military hospital and request service. They will provide service or issue a non-availability statement which can be carried to any hospital and treatment will be granted. After 30 days under basic program, a request for health benefits under basic program extended hospitalization is required.	I. BASIC PROGRAM A. In-patient (Individual admitted with expectation of remaining at least 24 hours): 1. Hospitalization 2. Medical services 3. Surgical treatment 4. Doctors' services 5. Therapies (Psychiatric, OT, PT) 6. Medicines and drugs Co-payment for other than active service is 25 percent of the reasonable covered medical charges. B. Out-patient 1. Doctors' services 2. Drugs or medicine ordered by prescription 3. Prosthetic/Orthotic braces/ equipment 4. X-rays 5. Therapies (speech, hearing, psychiatric, PT) 6. Diagnostic laboratory test 7. Blood Out-patient Deductible: A CHAMPUS beneficiary is responsible for first $50 of reasonable charges during federal FY. CHAMPUS pays 80 percent of reasonable charges for spouses and children of active duty members. CHAMPUS pays 75 percent of reasonable charges for retirees, spouses and children of deceased active duty members and spouses and children of deceased retirees after the deductible has been met.	Contact Blue Cross/Blue Shield Office: CHAMPUS Blue Cross of Southwestern Virginia P.O. Box 13828 Roanoke, Virginia 24034 Toll Free Phone: 1-800-542-5829
Adult *Child and/ or Spouse	1. A dependent of an active duty military service member who has a serious physical handicap or is moderately or severely mentally retarded. 2. Prior approval of request for health benefits under the Program for the Handicapped (Form 190a) is required.	II. PROGRAM FOR THE HANDICAPPED Care/services/equipment which is needed for the rehabilitation of the dependent.	* See CHAMPUS Advisor at nearest military service base.	

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
CHAMPVA	*Spouse, Child, Widow, Widower	1. Dependent of a veteran rated totally and permanently disabled due to service connected conditions or of a deceased veteran who dies while so rated, or as a result of a service connected disability. 2. Dependent not eligible under "Basic CHAMPUS Program", Medicaid or Medicare Program. * If surviving spouse remarries, benefits will be terminated but may be reinstated at termination of remarriage.	Same as Basic Program.	Complete VA Form 10-10d, "Application for Medical Benefits for Dependents and Survivors" and send to: VA Regional Office 201 Franklin Road, S.W. Roanoke, Va. 24011
State-local Hospitalization	Adult Child	1. Individual unable to pay for hospitalization. 2. Husband, parent or guardian is unable to pay for hospitalization. 3. Hospital care is not available under another program. Eligibility may vary in each locality.	1. In-patient and Out-patient hospitalization for medical care. 2. Diagnostic procedures while hospitalized. 3. Out-patient care in Health Department clinics. (Does not include physician services)	Local Authorizing Agent as appointed by Local Governing Body which generally is either the Local Welfare Agency or Local Health Department.
Hill Burton Uncompensated Care	Adult Child	1. Same financial criteria as Medicaid.	1. Hospitalization	Local Hospital
Insurance (Except Workmen's Compensation Cases) 1. Liability 2. Home Owners 3. Disability Insurance (private & employer sponsored)	Adult Child	1. Individuals have valid medical, accident or disability policy. 2. If accident, other party should have auto, medical coverage, homeowners policy or liability coverage.	Vary with policy, however, might include 1. Hospitalization 2. Diagnostic procedures 3. Surgery 4. Therapy 5. Prosthesis 6. Training 7. Other support services	Individual, then Local Insurance Agent
Title XX	Adult Child	Each mandated service has certain mandated eligible groups and mandated service components.	Mandated services to be offered at local level: 1. Adoption services 2. Day care to children 3. Early and periodic screening, diagnosis & treatment (EPSDT) 4. Employment services 5. Family planning 6. Foster care to children 7. Information and referral 8. Protective services for children 9. Services to SSI recipients	Local Welfare Agency

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Title XX (cont'd)		Persons who may be eligible for Optional Services include: 1. SSI recipients 2. AFDC recipients 3. Income eligible - those persons who have financial resources at or less than 50 percent of state median income or 70 percent of state median income if deaf, visually handicapped, mentally retarded, cerebral palsied, epileptic or autistic.	Optional services which may be offered by local Welfare Agency for particular categories of eligible persons as specified in the local Title XX Plan. 1. Counseling and treatment services 2. Case management services 3. Chore services 4. Companion services 5. Court services 6. Day care to adults 7. Day care to children 8. Educational and training services 9. Emergency needs services 10. Foster care services for adults 11. Family and personal adjustment counseling 12. Protective services to aged, infirm or disabled adults 13. Health related services 14. Homemaker services 15. Housing services 16. Interpreter services 17. Legal services 18. Nutrition related services 19. Socialization/Recreation services 20. Services to specified disabled individual 21. Transportation services 22. Vocational rehabilitation for WIN 23. WIN medical and remedial services	
		Universal access services available without regard to income.	1. Adoption services 2. Court services 3. Emergency shelter for children 4. Family planning 5. Foster care service for children 6. Information and referral service 7. Protective service for adults 8. Protective service for children	

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Veterans Administration	Adult	1. Chapter 31--Vocational Rehabilitation Disability Service Connected a. Maximum entitlement of 48 months b. From 9 to 13 years of "any qualified" disabled veteran. c. Lifetime benefits possible for "seriously disabled" veterans.	1. Tuition and fees paid to facility 2. Books and supplies paid to facility 3. Tools paid to facility 4. Subsistence allowance paid to veteran. School/Facility approved for RS Specialist	Complete VA Form 22-1900 "Disabled Veterans Application for Vocational Rehabilitation" and send to: VA Regional Office 210 Franklin Road S.W. Roanoke, Va. 24011
	Adult	2. Chapter 34--G.I. Bill a. All veterans including those with non-service connected disabilities. b. Must have had at least 181 days active duty, any part of which occurred after January 31, 1955 but before January 1, 1977. c. Forty-five (45) months maximum entitlement. d. Ten (10) years from date of separation to use benefits.	1. Educational assistance allowance paid to veteran 2. Tutorial assistance 3. Work study allowance 4. Education loan program Training/Educational school must be approved by V.A. (W.W.R.C. not eligible)	Complete VA Form 22-1990 "Veterans Application for Program of Education or Training" and send to: VA Regional Office 210 Franklin Road S.W. Roanoke, Va. 24011 Toll Free Phone: 1-800-542-5826
	Widow, Widower, Spouse, Child	3. Chapter 35--Dependents Educational Assistance Program a. Child of a veteran who is deceased or permanently and totally disabled due to a service connected disability. b. Child must be 18 or graduated from High School or if handicapped, may start to use benefits at age 14 (can apply at age 16). c. Widow, widower, spouse, child of veteran maximum entitlement of 45 months. d. Ten (10) years to use benefits for widow, widower or spouse from veterans death or start of eligibility. e. Child usually not eligible for benefits after 26th birthday.	Child/Adult 1. Educational Assistance Allowance a. Institutional b. Apprentice/OJT c. Farm Widow/Widower/Spouse 1. Educational Assistance Allowance a. Institutional b. Apprentice/OJT c. Farm d. Correspondence Course must be VA approved.	Child completes 22-5490, 5490(W) is for spouse, widow, widower. Complete VA Form 22-5490(W) "Application for Educational Assistance" and send to: VA Regional Office 210 Franklin Road S.W. Roanoke, Va. 24011 Toll Free Phone: 1-800-542-5826

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Workmen's Compensation				
.Virginia Industrial Commission	Adult Child	1. Employer having insurance coverage as identified under the Virginia Workmen's Compensation Act (three or more employees). 2. Employees' injury and/or occupational disease must be work related. DRS staff should not become involved in the medical management of a WC case. When this is an issue, contact DRS/IC Liaison.	1. Reasonable and necessary vocational rehabilitation training services for injuries occurring after 5/31/75. a. Training tuition b. Maintenance c. Instructional supplies d. Books and tools e. Uniforms (if required for train'g) 2. Physical restoration a. Medical information b. Hospitalization c. Surgery d. Prosthetic/Orthotic appliances e. Therapy (occupational, physical, speech, audiological) 3. Lifetime medical coverage on residual from injury occurring after 12/31/73.	Agency Workmen's Compensation Liaison Counselor: Mr. John M. Dedeian Room 405, Blanton Bldg. Bank and Governor Sts. Richmond, Va. 23219 Phone: SCATS: 8-786-2336 OR (804) 786-2336
.Office of Federal Employees' Compensation	Adult Child	Any person who, while working for the Federal Government (civilian employee) was injured in a work-related accident/occupational disease.	1. Reasonable and necessary vocational rehabilitation training services. a. Training tuition b. Books and tools c. Transportation 2. Medical expenses related to occupational injury.	
.Office of Workers' Compensation Programs	Adult Child	Any person who worked for a private employer and whose injury/occupational disease is covered by the Longshoremen and Harbor Workers' Compensation Act. This includes all Washington, D.C. Workmen's Compensation claims.	1. Reasonable and necessary vocational rehabilitation training services. a. Training tuition b. Books and supplies c. Transportation 2. Medical treatment related to occupational injury.	
.Workmen's Compensation Other States	Adult Child	Individuals who sustain an injury/occupational disease in the course of their employment as defined by Workmen's Compensation Laws of the state.	As defined by the local state Workmen's Compensation Law.	

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Welfare	Adult Child	Generally when an individual: 1. has no source of income or; 2. income is insufficient to meet his basic need; 3. is unable to work due to a disability 4. is mentally/physically unable to care for self and/or family; 5. is deprived of parental support; 6. in the opinion of the court, is unable to receive necessary care in his own home may be placed in another residual setting.	1. Services listed under Title XX and/or 2. Services listed under State-Local Hospitalization and/or 3. Referral for Medicaid and/or 4. Referral for Medicare and/or 5. Food Stamps 6. Income Grant Assistance a. AIC b. GR c. Auxiliary Grants	Local Welfare Agency
Federal Educational Grant 1. Basic Educational Opportunity Grant	Adult Child	1. *Economically eligible individuals attending approved: a. Colleges, b. Community/Junior Colleges, c. Vocational Schools, d. Technical Institutes, e. Hospital Schools of Nursing, f. Other select post-high school institutions 2. Only for Undergraduate Student. 3. Course curriculum at least 6 months in duration. 4. Student must be enrolled at least as half-time student. 5. Individual is a citizen or permanent resident of United States. * As determined by the BEOG Program.	1. Eligible individuals will receive "entitlements"* of one-half the cost of the Educational Institution, not to exceed $1,800 per year. *Not Repayable by the client.	Financial Aid Officer at Educational Institution
2. National Direct Student Loan	Adult Child	1. *Economically eligible individuals attending post-secondary educational institutions. 2. Undergraduate and Graduate Student might be eligible. 3. Student must be enrolled at least as half-time student. 4. Individual is a citizen or permanent resident of the United States. * As determined by NDSL Program	Loan may be up to a total of: 1. $2,500 if individual is enrolled in a vocational program or has completed less than 2 years of a program leading to a bachelor's degree; 2. $5,000 if the student is an undergraduate student who has completed 2 years of study toward a bachelor's degree; 3. $10,000 for graduate study. (This includes the amount borrowed for Undergraduate). * Repayable by the client. Repayment begins 9 months after graduation or leaving school for other reasons. Interest is 3 percent on loan. Up to 10 years is allowed to pay back the loan. Cancellation provision is applied if individual is employed in select occupational fields.	Financial Aid Officer at Educational Institution

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
3. Supplemental Educational Opportunity Grant	Adult Child	1. *Economically eligible individuals attending post-secondary educational institutions. 2. Only for Undergraduate or Vocational Students. 3. Individual must be enrolled at least as half-time student. * As determined by SEOG Program	1. Grant is not less than $200 or more than $1,500 a year. a. Maximum of $4,000 for 4 year program. b. Maximum of $5,000 for 5 year program. 2. Educational Institution will provide individual a grant equal to the SEOG. Not repayable by the client	Financial Aid Officer at Educational Institution
4. College Work-Study Program	Adult Child	1. *Economically eligible individuals attending an approved post-secondary educational institution. 2. Graduate, Undergraduate and Vocational students might be eligible. 3. Individual must be enrolled at least as half-time student. * As determined by CWS Program	1. In arranging a job and determining how many hours a week a student may work, the financial aid officer will take into account: a. The Student(s) need for financial assistance. b. Student's class schedule. c. Student's health and academic progress. 2. Generally salary received is at least equal to the current minimum wage.	Financial Aid Officer at Educational Institution
5. Guaranteed Student Loan Program	Adult Child	1. Enrolled or accepted for enrollment in an eligible College, University, School of Nursing, or Vocational, Technical, Trade, Business, or Home Study School. 2. To qualify for Federal Interest subsidy on a loan, the student's family gross adjusted income must be less than $25,000. 3. Graduate and Undergraduate student might be eligible. 4. Individual enrolled at least as half-time student.	1. Loan made payable to individual. 2. Loan up to $2,000 per year with a maximum of $7,500 for Undergraduate program. 3. Maximum of $15,000 for Graduate and professional school. (This includes any loan made at Undergraduate level). Repayable by the Client	Any Bank, Credit Union, Savings and Loan Association or any other participating lender. Financial Aid Officer at Educational Institution might assist the individual. OR Virginia State Educational Assistance Authority 501 East Franklin Street Suite 311, Professional Bldg. Richmond, VA 23219 OR Virginia Education Loan Authority 104-106 North 6th Street Richmond, Va. 23219

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
State/Educational Assistance Program 1. Tuition Assistance Grant and Loan Program	Adult Child	1. Not based on financial need. 2. Residents of Virginia. 3. Only awarded to individuals going to the State's eligible private educational institutions. 4. Individual enrolled full-time at an approved post-secondary educational institution in Virginia. 5. The amount of the grant cannot exceed tuition and when added to other assistance cannot exceed the total educational cost. 6. Not available for Graduate Students.	1. Maximum award per year is $500.	Financial Aid Officer at Educational Institution or State Council of Higher Education for Virginia 700 Fidelity Building Ninth and Main Streets Richmond, VA 23219
2. College Scholarship Assistance Program	Adult Child	*1. Based on sufficient financial need. 2. Resident of Virginia 3. Individual enrolled full-time at an approved post-secondary educational institution in Virginia. 4. Grant available to students enrolled in public and private educational institutions. 5. The amount of the grant cannot exceed tuition and cannot exceed computed need when added to other resources. 6. Not available for Graduate Students. * As determined by CSA Program	1. Amount awarded is from $200 to $800 per year.	Financial Aid Officer at Educational Institution or State Council of Higher Education for Virginia 700 Fidelity Building Ninth and Main Streets Richmond, VA 23219
3. Local/Other Educational Grant	Adult Child	There are educational awards made by individual Educational Institutions, Unions, Foundations, Clubs, Organizations and Businesses. The counselor and the individual should contact the aforementioned parties to determine eligibility for these awards.	There are educational awards made by individual Educational Institutions, Unions, Foundations, Clubs, Organizations and Businesses. The counselor and the individual should contact the aforementioned parties to determine the availability of these awards.	

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
National Association for Retarded Citizens (On-the-Job Training Project)	Adult Child (16 yrs. & above)	1. Individual be mentally retarded (may have other handicaps) 2. IQ Score of 80 and below. 3. Must be economically disadvantaged AND either unemployed, under-employed or in school. 4. Employment must average at least 35 hours per week. 5. If individual is in Special Education Program, he must be in his terminal year of in-school programming and average at least 20 hours of training per week.	On-the-Job training in any business, however, the following cannot be reimbursed by the NARC/OJT: 1. A Federal Agency (State or Local Government is permissible). 2. Agencies, non-profit or otherwise who are involved in the Rehabilitation or care of mentally retarded persons. 3. Employers who hire clients as power sewing machine operators. 4. Churches	C. W. Witt, Jr. Field Coordinator NARC/OJT Project 827 East Main Street Suite 1803 Richmond, VA 23219 Telephone: 804/649-9650
Bureau of Crippled Children	Adult (under 21 years of age) Child	1. An individual established in Virginia under 21 years of age who, with reasonable assurance, will remain in the state long enough for treatment plans to be carried out. 2. Handicapped individuals who are medically indigent, specifically individuals with cystic fibrosis and hemophilia.* 3. Individual is reasonably considered habilitable or rehabilitable by the medical specialist. *Sliding Fee Schedule Applicable.	All referrals for services must be made through local health departments. PROGRAMS: Central clinics have hospitalization and surgery capabilities. Field clinics provide case finding, treatment, and follow-up with surgery at a central clinic. 1. Child Amputee: Amputee Board (orthopedist, physical therapist and occupational therapist) provide clinic services, prosthetic devices, physical and occupational therapy, stump care, gait training, etc. When necessary, amputation, revision, etc., provided in hospital.	Central Clinics: Arlington, Norfolk, Richmond, and Roanoke
			2. Rheumatoid Arthritis: Provides evaluation and treatment, including hospitalization, for children with acute rheumatoid arthritis as well as management of children with the crippling condition.	Central Clinic: Richmond
			3. Burn: Hospitalization and follow-up care for acute burns in the Burn Surgery Unit at the Medical College of Virginia. Old burn scars managed through the Plastic Surgery Program.	Central Clinic: Richmond

PROGRAM	RECEIPT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Bureau of Crippled Children (cont'd.)			4. Pediatric Cardiology: Provides diagnosis and treatment for all cardiac conditions affecting children including rheumatic fever and congenital heart disease.	Central Clinics: Charlottesville, Fairfax, Norfolk and Richmond Field Clinics: Bristol, Lynchburg, Nassawadox, Portsmouth, Roanoke, Suffolk, Rheumatic Fever in Harrisonburg
			5. Cerebral Palsy: Cooperative agreements established with Cerebral Palsy Clinics whereby orthopedic appliances and hospitalization for orthopedic surgery are provided by Bureau of Crippled Children.	Central Clinics: Arlington, Charlottesville, Newport News, Portsmouth, Richmond, and Kingsport, Tennessee
			6. Cystic Fibrosis: (Any age group) Multidisciplinary approach to the management of the child with cystic fibrosis, including drugs, mist therapy, physical therapy, etc.	Central Clinics: Charlottesville and Richmond. Field Clinics: Fairfax, Norfolk, and Wytheville
			7. Defective Hearing: Furnishes full audiological testing, corrective surgery, and management including hearing aids.	Central Clinics: Abingdon, Bristol, Charlottesville, Fairfax, Harrisonburg, Norfolk, Richmond, and Roanoke and Winchester
			8. Dental Component of the Facial Deformities Program: Provides specialized dental services (dental work under anesthesia, orthodontia, prosthodontia) upon request of dentists in the State.	Central Clinics: Charlottesville, Norfolk
			9. Eye Surgery: All types of eye surgery with exception of acute accidents and acute glaucoma.	Central Clinics: Bristol, Richmond, Roanoke, Norfolk, Fairfax
			10. Facial Deformities: Rehabilitation for cases of cleft lip and palate and other congenital anomalies involving face and jaw. Provides speech therapy, dental, orthodontic and prosthodontic treatment.	Central Clinics: Charlottesville, Newport News, Norfolk, Richmond, and Roanoke

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Bureau of Crippled Children (cont'd.)			11. Hemophilia: (Any age group) Multidisciplinary approach to the many problems in the full management of children with hemophilia and other bleeding conditions.	Central Clinics: Charlottesville & Richmond
			12. Child Neurology: Mainly services children with seizures but covers all treatment types of neurological conditions. Team includes: neurologists, psychologists, social workers, and educational specialists.	Central Clinics: Charlottesville, Norfolk, and Richmond Field Clinics: Abingdon, Fairfax, Hampton, Heathsville, Lynchburg, Nansemond City, Nassawadox, Norton, Roanoke, So. Boston, Winchester
			13. Neurosurgery: Treatment of children with correctible neurosurgical pathology, such as spina bifida with meningomyelocele, hydrocephalus, tumors, craniosynostosis, etc.	Central Clinics: Charlottesville, Norfolk, Richmond, Roanoke
			14. Orthopedic: Truly a statewide program. Provides diagnosis, physical therapy, hospitalization, follow-up, and orthopedic appliances for children with bone, joint or muscular conditions including multiple-handicapped.	Central Clinics: Arlington, Charlottesville, Fairfax, Norfolk, Portsmouth, Richmond, Roanoke Field Clinics: Accomac, Bedford, Bristol, Chatham, Christianburg, Covington, Danville, Farmville, Fredericksburg, Galax, Grundy, Hampton, Harrisonburg, Heathsville, Jonesville, Lebanon, Lexington, Luray, Marion, Martinsville, Nassawadox, Newport News, Norton, Pearisburg, Pulaski, Rustburg, So. Boston, Tazewell, Winchester, Wytheville
			15. Plastic Surgery: Covers all types of plastic surgery including congenital, post-traumatic, and post-burn deformities and contractures, hemangiomata, etc.	Central Clinics: Charlottesville, Newport News, Norfolk, Richmond, Roanoke Field Clinics: Nassawadox

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Bureau of Crippled Children (cont'd.)			16. Pediatric Surgery: Encompasses a broad field of surgery for infants and children with congenital or acquired defects of the chest and gastrointestinal tract.	Central Clinics: Charlottesville, Norfolk, Richmond
			17. Pediatric Urology: Full diagnostic services for children with urological problems. Surgery provided for correctible urological pathology such as fistulas, dilatative cysts, occlusions or strictures of the urinary system including neurogenic bladder.	Central Clinics: Charlottesville, Norfolk, Richmond, Roanoke Field Clinic: Norton
			18. Endocrinology: Full prescription and treatment for abnormalities of the thyroid, adrenal, gonadal and pituitary glands	Central Clinic: University of Virginia Hospital
			19. Sickle Cell: Acute treatment only, including hospitalization for sickle cell crises.	Central Clinics: Richmond, Norfolk
Local Mental Health Clinic Including Mental Health Centers and Community Service Boards (Chapter 10)	Adult Child	1. Generally resident of geographic area served by the clinic. 2. Sliding fee scale.* * Under no circumstances will an individual be refused services because of inability to pay.	1. Inpatient Services a. persons requiring 24 hour care, b. short term evaluation and short term intensive treatment. 2. Outpatient Services a. full range of clinic services, b. individual, group and family services 3. Day Care & other partial hospitalization 4. Emergency Services 5. Specialized Services for Children 6. Specialized Services for the elderly 7. Consultation and education services 8. Assistance to public agencies 9. Follow-up care 10. Transitional half-way house services 11. Alcoholism and alcohol abuse services 12. Drug abuse services 13. Liaison and diagnostic services	Local Director of Mental Health Clinic, Mental Health Center and/or Community Service Board (Chapter 10)

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Local Health Department Clinics	Adult Child	1. Resident of the geographic area served by the clinic. 2. Medically indigent.* 3. Individual requests a service offered by the Local Health Department. * Sliding Fee Schedule Applicable.	Clinic services will sometimes vary because of individual need, staff specialist available and other program restrictions. Health Departments will have the following clinics: 1. General Medical, 2. Initial Cripple Children Evaluation, 3. Pre-marital Blood Test and Referral, 4. Dental Clinic, 5. Home Health Services, 6. Tuberculin Test/Control 7. Venereal Disease, 8. Family Planning, 9. Mental After-Care, 10. Pharmacy, 11. Routine Immunization. Services for the aforementioned clinics usually consist of diagnostic or evaluation, treatment, and follow-up including home visits.	Local Health Department Director
Other (Organizations, Associations, Unions, Clubs, Private and Public Agencies, Foundations, Fellowships, etc.)	Adult Child	Vary with individual party.	Vary with individual party.	Local Representative
Comprehensive Employment Training Act (CETA)	Adult Child (of work age)	A handicapped individual means any person who has a physical or mental disability which constitutes a substantial barrier to employment and can benefit from CETA services provided as determined by the Prime Sponsor. 1. Individual is *economically disadvantaged and unemployed or underemployed.	1. Classroom training 2. Job development 3. On-the-job training 4. Public service employment 5. Work experience 6. Placement 7. Job counseling 8. Follow-up (30-60-90 days) 9. Other support services which may include: a. Counseling b. Transportation	Local Prime Sponsors and Local Area Manpower Planning Council

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
CETA (cont'd.)		*Economically disadvantaged also includes: a) handicapped individual b) client of a sheltered workshop c) A person residing in an institution providing 24 hr. support such as a hospital or prison d) a regular outpatient of a mental hospital or rehabilitation facility 2. Generally individual must reside in geographic area served by specific Prime Sponsor. (Effective 10/1/78, VEC will certify eligibility for all Prime Sponsors except Fairfax and Roanoke.)	c. Health care and medical services d. Dependent care e. Residential support f. Securing bonds g. Family planning on voluntary basis h. Legal services	
Social Security Disability Income (SSDI)	Adult Child and/or Widow, Widower	1. A working individual becomes disabled at age 18 or older. 2. Disabled adult child, widow and widower. a. Disability prevents individual from doing any substantial gainful work, and b. Is expected to last (or has lasted) for at least 12 months.	1. Cash benefits after determination of disability. 2. One trial work period unless off roles more than 5 years. 3. Earnings during trial work period do not affect monthly benefit payments. 4. Termination of benefits is based only on medical factors or demonstrated ability to engage in Substantial Gainful Activity. 5. Medical coverage provided by Medicare. 6. Incarcerated inmates may receive benefit payments while confined.	local Social Security Office Representative
Social Security Income (SSI)	Adult	1. If individual's income and/or resources fall below a certain level. 2. If disability prevents individual from doing any substantial gainful work and has lasted or will last for 12 months or more, or could lead to death. 3. Medical diagnosis of "legally" blind.	1. Cash benefits which may be immediate. 2. Trial work periods, however, only one trial for same disability. 3. Earnings at any time may affect monthly case payment. 4. Termination of benefit may result from medical or non-medical factors. 5. Medical coverage provided by Medicaid if approved for Medicaid by Welfare.	local Social Security Office Representative

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
SSI (cont'd.)		4. Individual must be either a citizen or alien lawfully admitted to permanent residence in the U.S.	6. Incarcerated inmates will not receive payments while confined.	
Agency Cooperative Agreements, Contracts and Guidelines	Adult Child	DRS Client	Vary with program Refer to Appendix II, Volume IV which includes: 1. Department of Welfare 2. Virginia Commission for the Visually Handicapped 3. Virginia Employment Commission 4. Department of Health 5. Veterans Administration 6. Various Contracts with Mental Hospitals 7. Various Contracts with Local School Systems 8. Guidelines for Trust Fund and Supplemental Security Income Programs 9. Guidelines for serving Industrial Commission clients	As appropriate

REFERENCES

Comptroller General. Effectiveness of vocational rehabilitation in helping the handicapped. Report presented to Congress, Washington, D. C., April 3, 1973.

McGowan, John F., & Porter, Thomas L. An introduction to the vocational rehabilitation process. Washington, D. C.: U. S. Government Printing Office, 1967.

Rehabilitation services administration survey. Reports submitted to RSA Commissioner. Washington, D. C., July, 1973.

Rehabilitation services manual. Washington, D.C.: U. S. Government Printing Office, 1975.

Rubin, Stanford E. (Eds). Studies in the evaluation of state vocational rehabilitation agency programs: A summary report.

U. S. Congress, House. An act to provide for the promotion of vocational rehabilitation of persons disabled in industry or otherwise their return to civil employment. H.R. 4438, 66th Cong., 2nd sess., 1920.

U. S. Congress, Senate. An act to provide for the establishment of a national employment system and for cooperation with the states in the promotion of such system, and for other purposes. S. 510, 73rd Cong., 1st sess., 1933.

U. S. Congress, House. Rehabilitation act amendments of 1973. Pub. L. 93-112, 93rd Cong., 1973, H. R. 12467.

REFERENCES

U. S. Department of Health, Education, and Welfare, social and Rehabilitation Service. Federal register: Vocational rehabilitation programs, implementation provisions. 1974, 39, No. 235, 42478-42484.

U. S. Department of Health, Education, and Welfare, Human Development Office. Federal register: Vocational rehabilitation programs and projects, evaluation standards. 1975, 40, No. 245, 58957-58960.

U. S. General Accounting Office. Activities taken to implement selected provisions of the rehabilitation act of 1973. Report presented to Subcommittee on the Handicapped of the Senate Committee on Labor and Public Welfare, Washington, D. C., February 24, 1976.